



# Internet Social Networking: What Schools Need to Know

## Registration Form

Please check the appropriate box for the conference you wish to attend.

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**Oct. 6th, 2010**  
8:30am-3:30pm  
**City Hall Council Chambers**  
**100 S. Union St.**  
**Kokomo, In 46901**

**OR**

**Nov. 10th, 2010**

8:30am-3:30pm  
**Wilson Education Center**  
**2101 Grace Ave.**  
**Charlestown, In 47111**

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Please return form by Sept. 24th, 2010 for this date.

Please return form by Oct. 29th, 2010 for this date.

Registration/Check-In begins at 7:30 a.m. for both dates.

**Administrators: Please provide a copy of this registration form to all who plan to attend.**

**Participant Name**

**Name of School**

**Address**

**City**

**State**

**Zip**

**Phone**

**Title**

**Email**

**Would you like to receive a Certification Renewal Unit (CRU) credit for this seminar?**

**Yes**

☐

**No**

☐

Please send your completed registration form by to:

United States Attorney's Office  
Southern District of Indiana  
Attn: Victim/Witness  
10 W. Market St. Suite 2100  
Indianapolis, IN 46204

Or fax to 317-226-5953, Attn: Dan Magnusen